


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 14, 2007 8:00 am**  
**Secretary of State**

02-14-2007 90051 046 \*\*\*\*61.25

DOCUMENT # N05000009907			
1. Entity Name GOLDEN RESCUE SOUTH FLORIDA, INC.			
Principal Place of Business PO BOX 660155 MIAMI SPRINGS, FL 33166		Mailing Address PO BOX 660155 MIAMI SPRINGS, FL 33166	
2. Principal Place of Business - No P.O. Box # 610 QUAIL AVENUE		3. Mailing Address Suite, Apt. #, etc.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI SPRINGS FL		City & State	
Zip 33166	Country USA	Zip	Country
6. Name and Address of Current Registered Agent JOHNSON, CAROLINE M 610 QUAIL AVENUE MIAMI SPRINGS, FL 33166		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES JOHNSON, CAROLINE M 610 QUAIL AVENUE PO BOX 660155 MIAMI SPRINGS, FL 33166 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAVID PETRIE <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 610 QUAIL AVE MIAMI SPRINGS FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CYNTHIA LENZ <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 22640 SW 8th CT BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	LEE ANN RUNKLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1540 SW 55 AVE PLANTATION, FL 33317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Caroline M. Johnson</u>		2-9-07 305-885-9160	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	